FILED May 22, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

U	<u>NIFOI</u>	<u>rm Busine:</u>	<u>55 REPORT</u>	(UB	<u>(R)</u>	_	05-22-200	3 90134 0	29 ***	*150.00	
DOCUMENT # P02000020314 1. Entity Name J.J.E. TRADING, CORP.											
Principal Place of Business			Mailing Address			1	9013	7271			
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MIAMI, FL 33018			MIAMI, FL 33018			-					
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2. Principal Place of Business			3. Mailing Address			- 			: :		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. F	El Number 35-216,	1213		plied For at Applicable	
Zip	Zip Country		Zip Counti		itry	1	Certificate of Status Desired	□ \$8.	75 Add Require]
	6. Name	and Address of Current F	legistered Agent			7. N	lame and Address of New Re	gistered Age	πt		1
F 8 V 005	AT ADOCC	COLONAL O INC			Name Jos	25	ACUCTIAL A	7000	ini	1	Ī
6216 SW 8 MIAMI, FL	ST	SSIONALS, INC.	Street Address			(P.O. Box Number is Not Acceptable)					1
			89.			NW	152 LANE.]
٠ .	• 1				City MI	9111		FL	Zip Cod	e	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.											
	4	y Day					***	05-2	0-0		
SIGNATURE	Signature types	Or frindet name of antistered agent at	nd title (audicable . (NOT)	- Reustare	d Agentsignature requir	ed when rei		CATE	<i>) 0</i> .	<u></u>	
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After	II) FISE IS \$150 00 93 Fee Will be \$559 00 o Florida Department o	f State				Election Campaign Fina Trust Fund Contribution.	ncing	\$5.0 Added	O May Be I to Fees		
10.		OFFICERS AND I	DIRECTORS	11,		ΔDI	 DITIONS/CHANGES TO OFFIC	FRS AND DIS	ECTOR	S IN 11	┨
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		. 152 LANE		ď	E1 ADORESS						2
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NAME		KER, HERNA VILLALB		NAM	· •			Ч	O LL GO		0
STREET ADDRESS		. 152 LANE		STRE	ET ADDRESS						{
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NAME		R, EVELIS JUDITH A		NAM			ji				
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TITLE	D		☐ Delete	101	<u> </u>				Change	☐ Addition	1
NAME	VILLALBA	, KAREN PATRICIA R		NAM	e [•	-	
STREET ADDRESS	8939 N.W	. 152 LANE		stre	ET ADDRESS						
CITY-ST-ZP	MIAMI, FL	33018		CITY	-ST-ZIP		- <u></u> -				
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NAME		, JOSE L. ACUNA		NAM				•			Ì
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CITY-ST-ZP	MIAMI, FL				-ST-ZIP						}
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under coath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.											
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SIGNAT	URE: _	for	m	00 0/25			05-20-03				
		SIGNATURE AND JUPPED OR PE	DATED NAME OF SIGNING OFFICER	OR MIKEC	IUN			Chrylina	Phone #		1